

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD P01252US OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) (Column I) FOR NUMBER FILED **NUMBER EXTRA** RATE FEE **RATE FEE BASIC FEE** \$370 OR 700 370 (37 CFR 1.16(a)) TOTAL CLAIMS 61 minus 20 = 41 <u> 369</u> OR x \$18 = x \$**9** (37 CFR 1.16(c)) INDEPENDENT CLAIMS 42= minus 3 = OR x84 =126 6 3 (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR 280-140 865. **O**R TOTAL **TOTAL** \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent \*\*\* Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDI-**CLAIMS HIGHEST** ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL **RATE AMENDMENT** AFTER **EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE **TIONAL AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) = Minus OR Independent \*\*\* Minus \_ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE \* If the entry in column I is less than the entry in column 2, write "0" in column 3. ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		ſ	RATE FEE		OH I I	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00		BASIC FEE	740.00	
										UH			
TOTAL CHARGEABLE CLAIMS				nus 20=	* 41 *			X\$ 9=	369	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =			3		X42=	126	OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=	(	OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				•	TOTAL	365	OR	TOTAL		
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT &		CLAIMS REMAINING		HIGH NUM PREVI	EST BER	PRESENT	Ī	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT	-	PAID		EXTRA			FEE			FEE	
	Total	* 74	Minus	** (	-1	= 13		X\$ 9=	117	OR	X\$18=		
	Independent	* 7	Minus	***	<i>چ</i>	= 1		X42 =	43	OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		I	+140=		OR	+280=		
				- ·				TOTAL	160	ΛP	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		Į O i i	addit. Fee		
AMENDMENT B	,	(Column 1) CLAIMS		HIGH	EST	(Column 3)	Г		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT	The state of the state of	PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		, OR	X\$18=		
	Independent	*	Minus	***		=		X42=	***	OR	X84=		
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	TCLAIM		 	+140=			+280=		
								TOTAL		OR	TOTAL		
							. 4	ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)				_	· · · · · · · · · · · · · · · · · · ·		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=-	l	X42=		OR	X84=		
	FIRST PRESE	ULTIPLE DEPENDEN		CLAIM		l				.000			
*	If the entry in colu	mn 1 is less than t	he entry in co	lumn 2. writ	e "0" in co	olumn 3.	l	+140= TOTAL		OR	+280= TOTAL	-	
**	If the "Highest Nu "If the "Highest Nu	mber Previously P imber Previously P inber Previously Pa	aid For" IN Ti aid For" IN Ti	HIS SPACE HIS SPACE	is less that	an 20, enter "20." an 3, enter "3."	•	ADDIT. FEE	propriate bo	OR x in co	ADDIT. FEE		